DOCUMENT RESUME

ED 284 152 CG 020 085

AUTHOR Connolly, Jennifer A.; Taylor, Ted
TITLE Peer Relations of Disordered Adolescents in a Residential Treatment Setting.
PUB DATE Apr 87
NOTE 13p.; Paper presented at the Biennial Meeting of the Society for Research in Child Development (Baltimore, MD, April 23-26, 1987).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adolescents; *Emotional Disturbances; Foreign Countries; Institutionalized Persons; *Peer Acceptance; *Peer Evaluation; Peer Influence; Peer Relationship; Psychiatry; *Residential Programs; *Social Status; Sociometric Techniques
IDENTIFIERS Canada

ABSTRACT

Residential programming has become an important treatment modality for adolescents with psychiatric disturbances. The importance of peer relations in treatment settings suggests a need for an objective assessment of these relations. Sociometric procedures were used to study the peer relationships of adolescents in a 15-bed residential treatment program, in an attempt to determine whether social status could be reliably assessed in this peer group and whether it could be predicted from measures collected prior to admission. Positive and negative nominations were collected weekly for adolescents (N=63). The results indicated good week-to-week stability for social acceptance, rejection, and social preference. Social impact was not reliable. Social acceptance, rejection, and social preference, as established during the initial week, were predictive of corresponding scores throughout the duration of admission. The Child Behavior Profile was completed by a parent of each adolescent prior to admission and significantly predicted social acceptance and social preference established later in the clinical milieu. These findings support the use of sociometric procedures in clinical settings and suggest a persuasive influence of the peer milieu in residential treatment. (Author/NB)

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ED284152

Peer Relations of Disordered Adolescents in a Residential Treatment Setting

Jennifer A. Connolly

Ted Taylor

York University

CG 020085

Paper presented at the Biennial Meeting of the Society for Research in Child Development, Baltimore, April, 1987.

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ABSTRACT

Sociometric procedures were used to study the peer relationships of adolescents in a 15-bed residential treatment program. The study goals were to determine whether social status could be reliably assessed in this peer group and whether it could be predicted from measures collected prior to admission. Positive and negative nominations were collected weekly for 63 adolescents. The results indicated good week-to-week stability for social acceptance, rejection and social preference. Social impact was not reliable. Social acceptance, rejection and social preference, as established during the initial week, were predictive of their corresponding scores throughout the duration of admission. The Child Behavior Profile was completed by a parent prior to admission and significantly predicted social acceptance and social preference established later in the clinical milieu. The study supports the use of sociometric procedures in clinical settings and indicates the pervasive influence of the peer milieu in residential treatment.

AIMS

In recent years, residential programming has become an important treatment modality for adolescents with psychiatric disturbances (Fineberg, Kettlewell & Sowards, 1981). Programs vary considerably in terms of treatment, staffing, length of stay and patient composition. They do, however, share an emphasis on the therapeutic value of the peer milieu (Fineberg, Sowards & Kettlewell, 1980; Schaefer, 1980). It has, in fact, been suggested that the peer milieu provides the basic therapeutic structure within which positive change can occur (Offer, Marohn, & Ostrov, 1979; Sullivan, 1953).

In view of the importance of these peer relationships, their objective assessment would be of considerable relevance to ongoing treatment plans and to the study of the therapeutic process. Nonetheless, little attention has been paid to this topic. In this project, a longitudinal study of sociometric status among a group of psychiatrically disturbed adolescents was undertaken. Sociometric nominations were collected on a weekly basis, commencing with the first week of admission. The goal was to determine whether stable dimensions of social status would emerge. In addition, consideration was given to the prediction of residence social status from social adjustment prior to hospitalization. The Child Behavior Profile (Achenbach & Edelbrock, 1983) was completed upon admission. It was expected that prior social and behavior problems would be a good indicator of relationship difficulties in the residence.

METHOD

Subjects.

During a 14-month interval all consecutive admissions to a 15-bed psychiatric in-patient adolescent treatment unit located in a large general hospital were invited to participate. Upon admission to the unit the signed consent of a parent or guardian and of the adolescent were obtained. The adolescents presented with a range of socio-emotional difficulties. The principal diagnoses were disorders of conduct and mood, and reactive disorder of adolescence. Adolescents with psychotic or organic disorders were admitted infrequently and those receiving these diagnoses were excluded from the study.

The treatment unit was staffed by psychiatric nurses, a psychiatrist and a psychologist. Milieu therapy was emphasized as well as individual and family treatment. The length of treatment was individually determined and typically entailed a three-to-four month period. In general, the patient turnover was low, with an average of two admissions and discharges each month. Most adolescents were discharged to their homes or to community-based group homes.

The final sample consisted of 63 subjects (43 males and 20 females). The mean age was 15.2 years (*SD* = 1.3) and the mean IQ, based on four subtests of the WISC-R, was 99.32 (*SD* = 15.7). The average length of stay was 15.9 weeks (*SD* = 8.4).

MEASURES AND PROCEDURE

Sociometric Nominations. Three positive and three negative nominations were collected weekly for the duration of the adolescents' hospital stay. Because there was variability in the number of weeks that each patient spent in the program, the analyses are restricted to the data collected during the first six and last six weeks. As the program always had a full complement of patients, the nominating group was always 14 (n-1). Social acceptance was calculated for each week by summing the positive nominations received by each adolescent. The negative nominations received were summed to yield a social rejection score. As well, weekly social impact and social preference scores were calculated according to the procedures outlined by Coie et al (1982). Within each week the positive and negative nominations were converted to standard scores. Social preference was computed as the difference between the two scores and social impact was computed as the sum of the two scores. Because of programming conflicts, several adolescents were missing data for some of the weeks.

Child Behavior Profile. To measure psychosocial adjustment prior to hospital admission, a parent completed the Child Behavior Profile (Achenbach & Edelbrock, 1983). Scores were calculated for the social competence and social activities scales, using the 12-16 year norms. Data are missing for six adolescents who were no longer in their parents' custody.

RESULTS AND DISCUSSION

The results of this investigation illustrate the potential for using sociometric methodology in the study of groups in clinical settings. Social acceptance and social rejection were shown to vary across the group of individuals studied. At the same time, individual stability from initial to later time periods (both early and late) was apparent. The reliability values obtained with this sample are somewhat lower than those reported with non-clincial groups. This, however, would be consistent with the more changeable nature of the present group and the initial unfamiliarity of each adolescent. Of some interest is the significant prediction of later status from that obtained after the first week. This finding suggests that an adolescent in such a setting is evaluated quite rapidly by his/her peers and this initial assessment influences later social relationships. It also illustrates the pervasive and powerful influences of the peer milieu in a residential setting. An important goal is such a setting would be the effective management of the peer group so as to enhance positive change.

In addition, we found that pre-admission indices were predictive of social status. Those adolescents who presented with more behavior problems and fewer social competences were more likely to encounter difficulties in the peer milieu. This continuity between social relations that develop in the residential peer milieu and prior social relations in the home and community indicates the value of including in the initial assessment a careful consideration of the adolescent's prior peer

relations. Those adolescents who have significant social difficulties may be particularly at risk in a residential setting.

The findings of this study offer some practical implications for mental health clinicians working with disturbed adolescents in groups. While the importance of the peer milieu has long been recognized, it has only rarely been assessed in a systematic way. This study suggests that sociometric nomination methods can be valuable indicators of peer social status in this context. The reliability of the initial/early social preference measures suggests that they could be clinically useful in the early treatment planning. Adolescents with initial peer difficulties may well continue to experience problems. Without direct intervention at this level, these difficulties in the peer milieu may have a detrimental effect on treatment outcome. The findings also highlight the value of parental reports of problems and social difficulties in the adolescent's previous experiences. Although the two contexts are quite dissimilar, some continuity of social acceptance can be expected and this information can also be used to plan for effective residential treatment programming.

Table 1

Descriptive Statistics of the Sociometric Nominations and Child Behavior Profile

Sociometric Nominations

First Six Weeks

	Positive				Negative			
	N	M	SD	Range	N	M	SD	Range
1	61	2.05	1.69	0-6	63	3.11	1.88	0-9
2	69	2.75	1.98	0-8	59	2.86	2.31	0-11
3	56	2.88	2.98	0-7	57	2.49	1.89	0-8
4	58	3.10	2.21	0-9	58	2.51	2.11	0-9
5	54	3.13	2.04	0-8	54	2.33	1.96	0-7
6	53	3.25	2.20	0-9	52	2.42	2.26	0-8

Last Six Weeks

	Positive				Negative			
	N	M	SD	Range	N	M	SD	Range
1	35	2.80	1.83	0-6	34	2.73	2.23	0-8
2	40	3.38	2.02	0-8	40	2.27	1.83	0-7
3	49	3.04	1.68	0-7	49	2.29	1.85	0-8
4	55	3.18	1.97	0-9	55	2.12	1.91	0-9
5	55	3.32	1.87	0-8	55	2.09	1.84	0-7
6	55	3.05	2.24	0-9	55	2.78	2.46	0-10

Child Behavior Checklist

	N	M	SD
Total Problems	57	80.89	9.08
Social Competence	57	28.02	7.91
Social Activities	57	29.41	12.00

Table 2

Intercorrelations of the Sociometric Scores - First Six Weeks

Week	2	3	4	5	6
			Positive Nominations - Acceptance[a]		
1	.47***	.49***	.54***	.52***	.20
	(56)	(51)	(52)	(44)	(37)
2		.65***	.65***	.50***	.50***
		(51)	(53)	(43)	(35)
3			.75***	.55***	.25
			(48)	(41)	(33)
4				.71***	.49***
				(42)	(36)
5					.51***
					(35)
			Negative Nominations - Rejection[a]		
1	.62***	.50***	.54***	.52***	.20
	(58)	(54)	(54)	(45)	(38)
2		.66***	.60***	.53***	.41**
		(52)	(53)	(43)	(35)
3			.54***	.49***	.61***
			(49)	(42)	(39)
4				.61***	.58***
				(42)	(36)
5					.50***
					(35)
			Social Preference[a]		
1	.65***	.60***	.55***	.53***	.28
2		.76***	.72***	.59***	.52***
3			.72***	.59***	.52***
4				.72***	.64***
5					.55***
			Social Impact[a]		
1	.27*	.22	.28*	.18	.11
2		.23	.24	.23	.19
3			.38**	.27	.15
4				.38**	.14
5					.35*

[a] Sample sizes are shown in brackets for positive and negative nominations only.

*** p<.001; ** p<.01; * p<.05.

Table 3

Intercorrelations of the Sociometric Scores - Last Six Weeks

Week	2	3	4	5	6
			Positive Nominations - Acceptance[a]		
1	.67***	.61***	.61***	.76***	.32
	(31)	(34)	(35)	(34)	(34)
2		.80***	.69***	.61***	.53***
		(39)	(40)	(40)	(39)
3			.68***	.57***	.62***
			(49)	(48)	(48)
4				.60***	.59***
				(55)	(53)
5					.61***
					(54)
			Negative Nominations - Rejection[a]		
1	.43**	.50***	.47***	.50***	.53***
	(30)	(33)	(34)	(33)	(33)
2		.62***	.48***	.49***	.38*
		(39)	(40)	(40)	(39)
3			.45***	.36**	.51***
			(49)	(48)	(48)
4				.55***	.66***
				(54)	(53)
5					.54***
			Social Preference[a]		
1	.62***	.70***	.63***	.74***	.57***
2		.74***	.63***	.67***	.50***
3			.65***	.60***	.69***
4				.66***	.76***
5					.70***
			Social Impact[a]		
1	.26	.05	.15	.32	.00
2		.69***	.42**	.21	.34*
3			.34**	.18	.28*
4				.34**	.24
5					.26*

[a] Note: Sample sizes are shown in brackets for positive and negative nominations only.

***p<.001; ** p<.01; p <.05.

Table 4

Correlations between Pre-admission Child Behavior Checklist and Residential Sociometric Status

	Total Problems	Social Competence	Social Activities
Acceptance			
First 6 weeks	-.34**	.35**	.45**
Last 6 weeks	-.31*	.11	.02
Rejection			
First 6 weeks	.09	-.18	.20
Last 6 weeks	.14	.07	.03
Social Preference			
First 6 weeks	-.23	.28*	.34**
Last 6 weeks	-.25	.10	.01

*p<.05

**p<.01

***p<.001

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